

U.S. Bankruptcy Court  
Northern District of Illinois

In re:

Bankruptcy Case No. 17-09815  
**EASTER M PETTY**

Debtor

Adversary Proceeding No. 17-00261  
**EASTER M PETTY**

Plaintiff

v.

**BMO HARRIS BANK N.A.**  
**BRENDAN FINANCIAL INC.**

Defendant

**SUMMONS IN AN ADVERSARY PROCEEDING**

**To:** BRENDAN FINANCIAL INC.

**YOU ARE SUMMONED** and required to submit a motion or answer to complaint which is attached to this summons to the Clerk of the Bankruptcy Court within 30 days from the date of issuance of this summons, except that the United States and its offices and agencies shall submit a motion or answer to the complaint within 35 days of issuance.

**Address of Clerk**

**Clerk, U.S. Bankruptcy Court**  
**Northern District of Illinois**  
**219 S Dearborn**  
**Chicago, IL 60604**

At the same time, you must also serve a copy of the motion or answer upon the plaintiff's attorney.

**Name and Address of Plaintiff's Attorney**

**David H Cutler**  
**4131 Main St.**  
**Skokie, IL 60076**

If you make a motion, your time to answer is governed by Federal Rule of Bankruptcy Procedure 7012.

**YOU ARE NOTIFIED** that a status hearing has been set at the following time and place:

| Address   | Status Hearing Date and Time |
|---|------------------------------|
| <b>Dirksen Federal Building</b><br><b>219 South Dearborn</b><br><b>Courtroom 719</b><br><b>Chicago IL 60604</b> | <b>06/12/2017 at 10:00AM</b> |

**IF YOU FAIL TO RESPOND TO THIS SUMMONS, YOUR FAILURE WILL BE DEEMED TO BE YOUR CONSENT TO ENTRY OF A JUDGEMENT BY THE BANKRUPTCY COURT AND JUDGEMENT BY DEFAULT MAY BE TAKEN AGAINST YOU FOR THE RELIEF DEMANDED IN THE COMPLAINT.**



*Jeffrey P. Allsteadt*

Jeffrey P. Allsteadt, Clerk Of Court

Plaintiff v Defendant

**CERTIFICATE OF SERVICE**

I, DAVID H CUTLER, certify that service of this summons and a copy of the complaint was made 5/3/2017 by:

Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:

Personal Service: By leaving the process with the defendant or with an officer or agent of defendant at:

Residence Service: By leaving the process with the following adult at:

Certified Mail Service on an Insured Depository Institution: By sending the process by certified mail addressed to the following officer of the defendant at:  
Brendan Financial, Inc.  
Michael R Collins, President  
8 S. Michigan, Ave #1414  
Chicago, IL 60603

Publication: The defendant was served as follows: [Describe briefly]

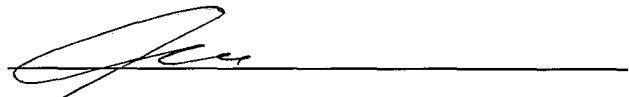
State Law: The defendant was served pursuant to the laws of the State of as follows: [Describe briefly]

If service was made by personal service, by residence service, or pursuant to state law, I further certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made.

Under penalty of perjury, I declare that the foregoing is true and correct.

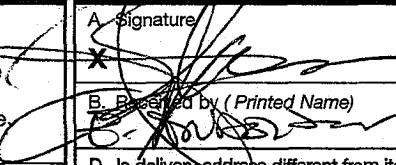
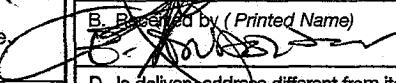
Date 5/11/2017

Signature



Print Name: DAVID H CUTLER

Business Address: 4131 Main St, Skokie, IL 60076

|   |  |   |  |
|---|--|---|--|
| <b>SENDER: COMPLETE THIS SECTION</b>  |  | <b>COMPLETE THIS SECTION ON DELIVERY</b>  |  |
| <ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece or on the front if space permits.</li></ul> |  | <p>A. Signature </p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Presented by (Printed Name) </p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>If YES, enter delivery address below: <input type="checkbox"/> No</p> |  |
| 1. Article Addressed to:<br><br><p>Brendan Financial, Inc.<br/>Michael R Collins, President<br/>8 S. Michigan, Ave #1414<br/>Chicago, IL 60603</p>  |  | <p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>   |  |
| 2. Article Number<br><i>(Transfer from service label)</i>   |  | 7011 3500 0003 4642 0099  |  |
| PS Form 3811, February 2004   |  | Domestic Return Receipt 102595-02-M-1540  |  |